

EPA Comment Number: 550-108

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cc:

Subject: comments (HFA-305)

February 14, 1999

USDA/FSIS Hearing Clerk
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Cotton Annex, Washington, DC 20250-3700

FDA/Dockets Management Branch
(HFA-305),
5630 Fishers Lane, Rm. 1061,
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Dear Sir or Madam:

We commend the federal agencies for their work on this food safety strategic plan and believe that the overarching goal and framework are broad yet well focused. The American Dietetic Association would like to devote its comments to the food safety risk communication goal.

The American Dietetic Association (ADA) is an 83-year-old organization whose mission is to promote optimal nutrition and well being for all people by advocating on behalf of its 70,000 members. ADA members have expertise in both science and consumer education which are necessary in a successful campaign to improve food safety.

ADA also maintains an active food safety program. Last year, we joined with the ConAgra Foundation in a national public-education campaign, "Home Food Safety: It's in Your Hands*." Its goal is to raise consumer awareness that home food safety is a serious problem and provide solutions so Americans can easily and safely handle food in their own kitchens. In fewer than 6 months, this campaign has reached more than 50 million consumers across the United States.

Our comments on the objectives for Risk Communication Goal are as follows:

Objective 1, Action Item: Promote development of knowledgeable food safety communicators. The current iteration reads: Knowledgeable communicators, such as journalists and reporters, developed through workshops, seminars, professional meetings, etc. could assist agencies in providing accurate information to the public.

We suggest the following: Knowledgeable communicators, such as health and environmental hygiene professionals and journalists, developed through workshops, seminars, professional meetings, etc. could assist agencies in providing accurate information to the public.

Our rationale for recommending this change is that dietetics professionals have food safety as a component of their professional training and have direct contact with the public. In addition, they interact on a daily basis with at-risk populations in commercial and non-commercial foodservice settings. These professionals live and work in virtually every county in the United States, and are involved in food safety education through two important national initiatives: "Home Food Safety: It's in Your Hands*" and "FightBAC!" Continued professional education for these professionals would greatly enhance the delivery of the food safety messages, especially to at-risk populations.

For Objective 2, Action Item: Expand opportunities to utilize virtual technologies for providing online distance learning courses
ADA supports the development and delivery of online food safety courses as a potentially effective and economical training system for health professionals who are located throughout the United States.

Objective 2, Action Item: Evaluate university curricula related to food safety fields and provide support for the development of appropriate professional programs so these programs are in place to train the workforce of the future. Food safety is included as a competency in the approved/accredited programs for educating dietetics professionals. A model program could help to strengthen the content and outcome measures for this competency. A national initiative is needed to coordinate and write curriculum that addresses the many disciplines that actually are involved in food safety.

Objective 3, Action Item: Establish active outreach strategies to provide rapid public access to accurate information about food safety emergencies; develop health education kits in multiple formats and languages. These kits would support federal, state and other appropriate government offices in the dissemination of the latest information on prevention strategies for food safety risks in the event of an emergency.
As educators and providers of care to at-risk populations, health-care

providers, including dietitians, need to be an integral part of this outreach strategy. They need to have rapid access to information on potential food-safety problems, including recalls based on undeclared ingredients that may be potential allergens. Access through a health department or cooperative extension office is not efficient and may not be effective for professionals who work with high-risk clients--for example, those who have immune deficiencies, such as individuals with HIV/AIDS or cancer or severe allergies. While all health-care providers would not need access, there should be provision in the outreach system for their direct participation.

Additionally, members of ADA interact with at-risk populations related to allergens and recall through physicians' offices, wellness settings, commercial and non-commercial food service. Their daily impact is significant, and thus would benefit greatly from prompt communication.

Overall, we support the work of the agencies in directing attention to the issue of food safety and educating Americans on the roles they must play in managing the risks to reduce the incidence of foodborne illnesses. We encourage this plan to provide the American consumer with accurate, science-based information on food safety in a way that is understandable, balanced, achievable and applicable through even broader outreach that includes proactive training, preparation, education and effort.

Sincerely,

Mary Anne Hogue, MS, RD
Chair
Home Food Safety Expert Advisory Panel
American Dietetic Association